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THE

MONTREAL MEDICAL GAZETTE,

BEING

A Monthly Journal of Medicine,

AND

THE COLLATERAL SCIENCES.

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Edited by Francis Badgley, M. D., and William Sutherland, M. D.

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THE

MONTREAL MEDICAL GAZETTE,

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Edited by Francis Badgley, M. D., and William Sutherland, M. D.

Vol. I. MONTREAL, JUNE 1, 1844. No. 3.

DR. H. NELSON ON INGUINAL HERNIA.

AUX EDITEURS DE LA GAZETTE MEDICALE DE MONTREAL.

Messieurs,—Le 30 Mars, à 5 P. M. je fus appelé auprès de Hypolite Laroche, du Fauxbourg de Québec, âgé de 42 ans, homme fort et vigoureux, souffrant " d'un horrible mal de ventre avec de coliques, ne pouvant aller à la selle, et vomissement depuis le midi." D'après cette description " explicite," je soupçonnai l'existence d'une hernie étranglée—en effet, je le trouvai, souffrant sous tous les symptômes les plus violens de l'étranglement intestinal. Le scrotum était de la grosseur d'une vessie soufflée. Je déterminai immédiatement de réduire la tumeur herniaire, par le moyen ordinaire, le taxis, que j'employai de mon mieux, plaçant une main à l'ouverture inguinale externe, pour repousser l'intestin par degrés, tandisque de l'autre, je supportai le scrotum et forçai son contenu sur l'anneau. Je continuai cette manipulation que très peu de temps, le malade se plaignant tellement, et repoussant mes efforts, qu'il me sembla y avoir du danger d'augmenter l'étranglement par une plus considérable descente de l'intestin, ou de produire une inflammation qui pourrait avoir des suites funestes.

J'ordonnai que la tumeur fut supportée et élevée par des linges au périnée, afin qu'il n'y eut pas d'irritation sur la partie étranglée par le poids de la tumeur aussi bien que par sa position dépendante qui invitait un suintement continuel des fluides intestinaux, et qui fait toujours une considérable partie du contenu d'un sac herniaire. Je fis couvrir de neige toute la tumeur, aussi bien que la région inguinale—je lui donnai du *Sulfate de Morphine*, et *extrait de Belladonne* de

chaque un demi grain—ce qui en quelques temps fit disparaître les douleurs et les coliques ; de sorte que le malade s'assoupit, et en peu de temps dormait d'un sommeil profond. Vers une heure après, il fut éveillé, par une légère douleur, suivie de gargouillement dans le scrotum, qui se trouva dans un instant débarrassée de son contenu—la hernie n'existait plus.

La méthode employée dans ce cas, est celle adoptée par mon père, depuis plusieurs années, et avec beaucoup de succès.

Il est du devoir du Médecin, dans tous les cas de hernie, de s'employer à réduire la tumeur par le taxis, le plutôt possible ; mais si elle est grosse et très sensible, résistant à des efforts modérés, il doit discontinuer la manipulation, car autrement il produirait un tel degré d'inflammation dans l'intestin, qu'il pourrait en résulter la mort du malade ; soit qu'on ne parvienne pas à faire la réduction, ou soit qu'on y réussisse par trop de violence, puisque tous les cas terminant fatalement sont attribués à l'inflammation. Il est vrai aussi que se laissant conduire par trop de prudence, on peut quelques fois faillir d'opérer la réduction par la manipulation,—mais en même temps on se garde de la plus funeste de toutes les suites de telles lésions, l'inflammation ; et comme dans le cas sous observation, n'ayant pas été porté bien loin, les remèdes et les applications furent suivies du plus heureux effet.

J'expliquerai l'opération de mes remèdes comme suit : la position élevée d'abord, facilite le retour du fluide au travers l'anneau, le froid produit une diminution de sang dans les vaisseaux, en même temps cessation de la douleur, et la condensation du gaz ou des vents, qui, avec les fluides, forme le volume de la hernie—une action péristaltique dans la portion inférieure de l'intestin le retire dans l'abdomen, et voilà comme il me semble qu'il regagne sa place originaire, ce qui se fait sentir par une légère douleur et gargouillement. Quelques remarques que l'on puisse faire sur cette théorie, je puis recommander et soutenir le succès du traitement employé dans d'autres cas que le présent. Mon anodin à l'effet de calmer l'irritation et l'excitement du système, principalement des intestins—d'empêcher les vomissemens, de produire le sommeil, et le relâchement du canal inguinal.

Vous souhaitant tout le succès que votre journal mérite,

J'ai l'honneur d'être,

Messieurs,

Votre Serviteur Obédt.

HORACE NELSON, M. D.

Montréal, 15 Mai, 1844.

DR. VON IFFLAND ON INJURIES OF THE HEAD.

TO THE EDITORS OF THE MONTREAL MEDICAL GAZETTE.

Gentlemen,—The notes of the *post mortem examination* of the cases, contained in the enclosed sheets, having been taken on paper detached from that descriptive of them, I cannot, after the most diligent search, trace their place of *safe deposit;* but as the skulls are in the possession of Dr. James Douglas, I have this day directed his attention to the subject, and I have every reason to believe that he will seize the earliest opportunity of placing at your disposal an accurate exposé of the bones found fractured in their bases.

Should, however, the desired information not be received in time for subjoining it to the cases, and for appearance, *in whole*, in the June number of the *Gazette*, the conclusion may be deferred to the succeeding one,—long before the publication of which, it is more than probable, that Dr. D. will also put me in possession of such additional observations, as may form the subject of another article.

Our communications through the mail in this section, are not, I may add, very favourable to despatch.

I have the honour to be, Gentlemen,

Truly, your devoted and faithful servant,

A. Von Iffland, M. D.

Yamaska, (near Sorel,) 17th May, 1844.

There is no subject, from its importance and interest, within the extensive range of Surgery, which has more engaged the attention and labour of eminent and experienced Surgeons, than *injuries of the head* —injuries, not only involving the greatest obscurity and uncertainty in their diagnosis, but the sacrifice of human life. It is, however, to injuries lying entirely beyond the reach of surgical relief, that I now intend to submit two cases, which, in their nature and result, completely controvert the generally received opinion, that *fractures of the basis of the skull are universally fatal.* These, I must admit, are not of a class upon which discoveries, after death, might have placed the Surgeon in a position to save life; but such alone as afford proofs, that *non-interference*, on his part, ought not always to be reprobated, but may also be sanctioned by the result of experience.

I am well aware, that where nothing surgically can be added to the hazard of life, already perilled by certain accidents, nothing can justify the omission of such means as may bear the least probability of advantage or success, when accurate, distinctive marks invite the eye and hand of the skilful operator. Yet, in the absence of these guides, and when I seriously balance the injuries so often inflicted, and con-

trast many of those means in their application to the numerous mixed and complicated cases of injuries on the head, with a non-interference of their objects, I am conscientiously borne out, and confirmed in the opinion, that, to that non-interference alone are many fellow-beings indebted for their actual existence; and the registers of the Marine Hospital record the names of hundreds, as irrefragable evidence of the truth of this startling allegation.

In the following cases, I have omitted the minor details of treatment, as not connected with the facts I am desirous to illustrate, and even condensed them in other particulars, in the view of not only affording room for many important communications from your intelligent correspondents, but from an intention of preparing for the press, in a more extended form, the result of practical observations upon injuries of the head.

James Douglas, seaman, aged 40, was admitted into the Marine Hospital on the afternoon of the 19th September, 1837. He had fallen from a considerable height into the hold of the ship. Perfectly insensible; pulse 30, and intermitting; intense coldness throughout the whole extremities; a livid appearance on the left side of the face, with continued twitching of the muscles; breathing in a slight degree sterterous, and apparently through the nose: pupils of the natural size, and irides susceptible of light, and tongue pressed against the velum and palate.

The whole head was examined with much accuracy, but no part of the scalp appeared lacerated; no depression of bone, no tumefaction, but all indicated great mischief, concealed in the brain. The following morning, when I accompanied Dr. Douglas, the case had assumed no change,—the same pulse, the same twitchings, &c. Towards the evening, the powers of life were, to all appearances, absolutely sinking; on the third day, the same; but the tongue had resumed its natural position, and small quantities of liquids were introduced into the stomach. Thus he continued, day after day, in a complete state of coma, and *articulo mortis*, when, to our great astonishment, on the morning of the twelfth day after his admission, he spoke—in the afternoon, spoke rationally, and continued rapidly from that period to obtain strength and his wonted health; and, on the 21st November, was discharged, as fit to join a corps of volunteers. In that corps, out of his element as a seaman, his feet and legs became frost-bitten, through long exposure to cold, and he was readmitted into hospital on the 13th January, 1838, labouring under very extensive sloughing of these parts, with general debility, and died three days after.

John Ward, seaman, aged 23, was admitted into the Marine Hospital

on the evening of the 3d October, 1837, in a state of complete insensibility, with oozing of discoloured matter from both ears and nostrils. He had fallen from the deck into the hold of the vessel. The head was attentively examined by the Apothecary, but then no clue was offered to the concealed mischief. I saw the case, about an hour after: I found a slight laceration of the integuments, covering the posterior part of the right parietal bone, but neither fracture nor depression at this, or any other part of the cranium, could be discovered, after the most careful examination. Pulse slow, full, but very irregular; there appeared an alternate dilation and contraction of the pupils, on the application of different shades of light. The operation of this stimulus was, however, frequently inverted. He was seen by Dr. Douglas in the early part of next morning, but with appearances so complicated, contradictory, and inadequate to offer any diagnosis, that he pronounced it a perplexing case; but, having in view the preceding one of his namesake, he hinted to me his conviction of fracture of the base of the skull: he strongly deprecated the loss of the vital fluid, and enjoined nearly the same means as were employed in the preceding case, attention being had to the bowels, with a spare introduction of bland nutritious drinks. I believe that during my short absence at Sorel, where I had been called, a very small quantity of blood had been extracted from the back part of the head.

On the 28th, without any other means than those mentioned, he was considered so far recovered as to be discharged from the register of the Hospital; yet, from the circumstance of his ship having sailed, and with no place of retreat, he was allowed to remain in Hospital, and perform certain subordinate duties attached to orderlies. This poor fellow, vigilant to the calls assigned to him by the nurse of the fever wards, then containing thirty-seven cases of typhus fever, contracted the disease, and died on the 22d November.

(To be continued.)

DR. CARTER ON LUMBAR ABSCESS.

Abscesses in the iliac fossa, have generally been described under the names of psoas or lumbar abscess. They are very often mistaken or overlooked in their first stage, and frequently their true nature is not discovered until the period for active treatment is passed. Hence the universally fatal results that are recorded in the practice of numerous medical men. The views, which for a long time prevailed, as regards the pathology of the disease, and which, it would seem, are still entertained by some, even distinguished practitioners, are, moreover, a fruit-

ful source of error, and another cause of the inefficiency of the treatment usually adopted.

The complaint, in almost every instance, is not marked by any prominent symptoms. The patient seems to enjoy his usual health, and there is nothing in his outward appearance to indicate the commencement, or even existence, of a malady, which, if allowed to proceed unchecked, becomes most formidable in its results, and shows the necessity and importance of a correct diagnosis; in proof of which, I will merely transcribe what Dr. Elliotson, of the London University, states in his lectures :—"These cases are often mistaken for rheuma-"tism; and it is not an easy matter to make the distinction in the "first instance." And again: "Before seeing so many of these "cases, I have been deceived, and supposed that there was nothing "more than rheumatism, and frequently put down lumbago, when the "case turned out to be one of psoas abscess. I could make no impres-"sion on the disease; the patient has gradually sunk, until at last he "has died,—and on the autopsy, a collection of matter has been found." Here, it was very evident, the disease was not suspected until after death, when dissection proved its nature.

If such a man as Professor Elliotson, whose eminence in his profession, and whose talents, are universally acknowledged, admits to have been himself frequently deceived, it is surely of the utmost importance to use every precaution in diagnosis, and to remember the advice he has given on the subject, viz.: "It is, therefore, a rule with "me, whenever a patient complains of any symptom whatever, to "investigate that symptom to the bottom,—to look round, and see "whether there are any other circumstances about the patient, "showing that the symptom is trifling or something serious." And yet mistakes are daily committed for want of this proper scrutiny.

The weakness in the back and loins,—the fatigue in walking,—the dull pain generally felt in one point, but sometimes shooting to the thighs and loins,—are referred to rheumatism, lumbago, neuralgia; or, if in a female, to hysteria or deranged menstrual function. The disease is treated in the dark: tonics, steel, wine, antispasmodics, and occasional laxatives, are administered—the usual routine of some practitioners; who, without giving themselves the trouble of thinking, inquiring, or examining into all the symptoms, seize some one of them, give it a name, and treat it according to the most approved methods described in books.

The patient may or may not derive benefit from the treatment; the physician rests satisfied with the correctness of his first opinion,—considers it of no consequence, and tells the patient it will disappear with the warm weather. The disease, in the mean time, progressively

advances,—hectic symptoms supervene; barks, cordials, are given unsparingly: a large tumor or swelling at length shows itself in the groin, and then probably too late for any active measures to be efficacious; the true nature of the disease is discovered,—the patient lingers out a miserable existence for several months, until, worn out and debilitated by exhaustion from the immense secretion of matter, death terminates his sufferings.

The celebrated Dupuytren, the distinguished Parisian surgeon, was the first to elucidate fully and accurately this hitherto formidable disease. He demonstrates that it was in many instances, if not generally, dependent upon an affection of the cœcum. The more we study the physiology of this organ—its anatomical relations—and investigate its pathology—the more must we be convinced of the truth of this eminent man's views. They are, however, best expressed in his own words:—

"A long time has elapsed since I have made known the fact of the "development of tumours in the right iliac fossa having an apparently "intimate connection with the parietes of the cœcum. These tumours "are frequently accompanied by remarkable derangement in the func- "tions of the large intestines. In a great number of cases, they ter- "minate in resolution—sometimes by an abundant suppuration—some- "times they constitute the point of origin of a general peritonitis. "Thus, in every point of view, they should be carefully studied. "One of the first questions, then, which presents itself is—Why do "they almost invariably form in the right iliac fossa? Why is the "left iliac fossa so rarely their seat? The answer can only be found "in the form of the intestines and the surrounding parts. Plunged in "a mass of cellular tissue, the cœcum presents at its point of reunion "with the small intestine so marked a constriction, that various foreign "substances are apt to accumulate there, and sometimes become them- "selves the determining cause of these abscesses.

"Let us add, that it is in this part the alimentary matters, taking the "excrementitial character, are compelled to circulate contrary to the "laws of gravity, and that it is also in this part that in numerous dis- "eases, inflammatory alterations are met with. May we not, then, legiti- "mately conclude, that all these dispositions, natural and morbid, "elucidate the occurrence of these engorgements outside the intestine, "and explain their frequency in the right iliac fossa.

"The appearance of these tumours is sometimes preceded by pre- "cursory symptoms. After some error of diet, constipation, diarrhœa- "colic, (more or less habitual),—sometimes without any of these cir- "cumstances—the patient experiences colic and intestinal pain, tending "to concentrate in the right iliac fossa or radiating in the great intes-

"tines, or disseminated over the abdomen. Ordinarily these colics are "accompanied by constipation.

"The symptoms peculiar to the disease are the fixity of the pain in "a very limited point of the iliac fossa, and the tumefaction of this "point.

"Sometimes the fever is rather intense; but in the uncomplicated "cases, no general symptoms of importance usually occur."

The disease sometimes terminates by ulceration into the cœcum; and the matter in this way is discharged by the bowels, and the patient is cured. A case of this kind is mentioned in the 4th volume of Johnson's Review. Dupuytren, also, states several instances. Sometimes the disease terminates in gangrene; and these cases are usually, if not always, fatal. An instance occurred in my practice four or five years ago: A man, named Olivier Pratte, a bailiff, after being exposed to considerable fatigue and exertion in an open boat, during the inclemency of the weather, was seized with pain and swelling in the right iliac region. He sent for a quack, who treated it with poultices and emollient applications, for about ten days. I was then requested to see him, and found him labouring under all the most alarming hectic symptoms,—profuse sweats, obstinate hiccup, and vomiting, &c.; all the lower part of the parietes of the abdomen extending on the right side over the hip and upper part of the thigh, were in a state of acute phlegmonous inflammation, and the following day were gangrenous. The gangrene was prevented from spreading, by circumscribing it with the nitrate of silver. The hectic symptoms subsided under the use of calomel and opium, antispasmodics, &c., and the bowels were relieved by emollient enemata; in this state the man existed for eight or nine weeks, and appeared at one time to have recovered from all the formidable symptoms he first laboured under. The gangrenous integuments became as hard as sole leather, and showed a disposition to separate, by sloughing from the surrounding healthy structure; his strength was supported by full nourishing diet; strong broth injections, strong infusion of cinchona with sulphuric acid, was freely administered, and for a time he recovered so far as to pick up flesh and strength. This improvement, however, was but of short duration; the matter had burrowed deeply beneath the pelvic fascia, and also made its way over the crest of the ilium and into the lumbar region, dissecting the integuments from the muscles clean to the spine, and extended downwards a considerable distance on the thigh. Such an immense secretion and accumulation of matter soon exhausted the patient, and he gradually sank under its debilitating effects. Dissection proved the nucleus of the disease to have been a small calcareous concretion, which existed in the appendix vermiformis; this, along with

the cœcum, was softened and of a slate colour; the coats of the bowels were much attenuated, nearly diaphanous, particularly towards their posterior portion; a complete focus of matter was formed around it, which had deeply burrowed beneath the muscles. The iliac muscle near the crista Ilii was disorganised, softened, and absorbed; the oblique muscles of the right side, for two-thirds of their extent, had been involved in the gangrene, and destroyed; the transversalis muscle was very much softened, and of a dusky red colour. At the lower part of the iliac region, corresponding to the internal abdominal ring, scarcely anything else but the transversalis fascia and peritoneum covered the abdominal contents. The rectus muscle of the right side was, as it were, dissected, but otherwise healthy.

It is well understood, that of all structures in the body, cellular membrane is that which is most apt to take on suppurative action, and where it exists in greatest abundance and most exposed to irritating causes, there will abscess most frequently take place; its occurrence in superficial more frequently than in deep seated cellular tissue, does not depend on the principle that superficial cellular membrane has a greater disposition to assume inflammatory and suppurative action, but that it is more exposed, from its position, to the effects of irritation and other causes of inflammation, than that which is deeper seated. The same laws, however, which govern the formation of matter in the external, it is evident, apply equally to internal structure, and where we can unquestionably trace long continued irritation in an internal organ, and moreover are aware that this organ is in close contiguity with cellular membrane, it is our duty to inquire whether this irritation has not been followed by organic change. I firmly believe that many cases of lumbar or psoas abscess originally arise from irritation and inflammation about the cœcum; and that, were medical men to be more particular and searching in their inquiries, this insidious and dangerous disease, from being early detected, would comparatively be easily cured; the records of surgery would then not abound with so many instances of its fatal termination.

(To be continued.)

FOUR CASES OF POISONING BY THE CICUTA VIROSA.

On the afternoon of the 11th of April last, four children, of the respective ages of $4\frac{1}{2}$, 5, 6, and $6\frac{1}{4}$ years, wandered into a piece of ground, which had last year been used as a garden; and, being attracted by some roots, partly bared of earth, they plucked them, and, fancying, from their appearance and smell, that they were carrots, or, more

probably, parsnips, they all partook of them,—although, as proved by the results, in different quantities. Within half an hour, they were all seized with extreme nausea, burning pain at the epigastrium, and colicky pains in the bowels: in a word, they all complained, on their reaching their homes, of "mal de cœur," for which warm milk was administered to them all. Efforts to vomit were induced; in one, *full vomiting* was effected, but in the other three nothing was rejected from the stomach. The pains gradually increased in two of them; and, in the space of about two hours from the time of their eating the roots, they were labouring under complete coma, with tetanic convulsions,—the jaws rigidly fixed, profound stertor, and the whole face puffed and bloated, having precisely the appearance of the head of a person who has been for some hours under water; pulse intermitting, sometimes imperceptible. The greatest consternation prevailed in the neighbourhood; and, from the density of the crowd collected about the house in which one of the children was, considerable difficulty was experienced in reaching the door. This, however, was nothing compared to the scene within: the room was literally crammed with persons; the shrieks of the women rent the air, and every one was suggesting some remedy to be tried. Being informed, by the person who came for me, that it was to visit a child who had been poisoned by something that he had eaten, I hastily put up about half an ounce of ipecacuanha, and probably a drachm and a half of sulphate of zinc. Half of these were mixed in a large cupfull of tepid water; and as it was impossible to administer it by the mouth, it was poured into the nasal passages, by means of a narrow dessert spoon. While in the act of attending to this child, a second was brought to the house, wrapped up in a blanket, in precisely the same state. The remainder of my stock of emetics was mixed, and divided between the two—but without the slightest effect. A quantity of mustard was also administered in the same manner, with an abundant supply of warm water. Frictions were made over the stomach and bowels. Harassed by the crowd, overpowered by the heat, and my own stock of medicines being exhausted, I despatched a messenger for assistance, and a fresh supply. Dr. Nelson speedily arrived; and, emptying a paper, containing about two drachms of sulphate of zinc, and as much more of ipecacuanha, into a breakfast cupful of tepid water, the attack was renewed by us, but with the same results; and it was at this time that I had ocular demonstration of the utility of the bent-up spoon recommended by Dr. Nelson. Finding all our efforts to produce vomiting ineffectual, we applied very copiously a paste of mustard to the calves of the legs, and over the epigastrium and bowels; another quantity of sulphate of zinc,

(about one drachm,) which had been brought by a pupil residing in the neighbourhood, was given. Although vomiting was not induced by these means, it was about this time that relaxation of the spasms showed itself; and not venturing to add to the enormous quantity of emetic remedies already prescribed, it was determined upon to give to each child a dose of croton oil and calomel: ten grains of the latter, moistened with a very little damped sugar, were put upon the tongue of each child, and a feather, dipped three times in a phial of croton oil, was made to lubricate the tongue and fauces of both. They were left in charge of the young gentleman above alluded to for an hour and a half; and, on our return, we were delighted to learn, that one of our little patients had brought up a quantity of, to all appearance, coagulated milk, and had recovered not only his sensibility, but power of articulation. No such report, however, was given to us of the other. During the night, our young deputy gave each of the little patients castor oil; to the one, about three ounces,—to the other, about one only. At six o'clock next morning, a message was sent to the effect, that one of the children was dying, and on our early visiting this poor little fellow, we found that it was too true; he did not survive more than three hours. The other child was decidedly better; but no action of the bowels occurred until 2, P.M., when I administered an enema of castor oil and spirits turpentine, which produced its effect within a quarter of an hour, unpacking the intestines of at least two quarts of a pultaceous, horribly fœtid, olive coloured mass, the fluid part of which consisted evidently of the enema only, about six ounces. In fact, the poor child showed, on being lifted into bed, what an amount of relief he had experienced. From this time, every thing went on most favourably: a little excitement about the brain continued for two or three days, but at the expiration of a week, he was perfectly recovered. But what became of the other two children? He who had eaten most sparingly of the party, had vomited fully from the warm milk, and, after a dose of castor oil, was quite well on the second day. Not so with the fourth. This poor little fellow, after drinking the milk, went out into the yard. No particular anxiety was felt about him, until the report of the other children being so ill reached his parents, when a messenger was despatched for Dr. Nelson, and a search instituted about the premises for the child. The body was found in a barn, in the rear of the house—but his spirit had fled.

FRANCIS BADGLEY, M. D.

TO THE EDITORS OF THE MONTREAL MEDICAL GAZETTE.

GENTLEMEN,—Should you deem the following communication of a severe case and unexpected recovery of chronic pleurisy, with effusions, worthy of a place in your Gazette, you will oblige me by giving it insertion.

October 2, 1836.—Augustin Duval, aged 40, mason, is lying on his right side, which is oedematous to about three inches in thickness; seems to be dying from extreme dyspnœa and dangerous faintness; skin of leaden colour, from deficiency of oxygenation for some time past; pulse 125. Went a bear-hunting about a month ago; remained all night in the cold dew, and contracted a severe pleurisy, which was neglected, and terminated some days ago in symptoms of effusion, filling the right and partially the left side. He has constantly refused to consent to an operation, till the 11th, from which time he became very anxious to submit to any means likely to relieve him. On account of depth of substances to be cut through, the external incision was of necessity made more than five inches long, which indeed was barely sufficient to allow the operation to be got through with ease. Four pints of offensive purulent matter were evacuated, to the poor patient's great relief, and he passed, with the assistance of an anodyne, the first comfortable night he had enjoyed for a long time.

4th.—Wound almost healed, and chest refilling, so as to threaten a return of the late disagreeable symptoms, which has induced my sensitive patient again to have the opening renewed. In the mean time, I was sent for in a great hurry, and told that he was dying. Found him fainting, and bathed in upwards of two gallons of serum and pus!

The evacuations from the side continued to the quantity of about a pint daily, for about two months, and gradually diminished, till his complete recovery, and ability to support his family by his trade.

There remains a depression of the affected side, and corresponding hypertrophy of the other lung, which seems quite able to do all the extra duty imposed on it.

The treatment consisted generally of mercury and opium; acids, to remove symptoms of hectic fever; preparations of iron, &c.

The appetite was generally keen, and he was allowed as much animal food as he was inclined to take.

I am,

Gentlemen,

Yours, &c. &c.

W. A. R. G.

MESSIEURS,—Si la communication suivante vous semble de quelqu'intérêt, vous m'obligerez en l'insérant dans votre Gazette Médicale, déjà si intéressante par les matières qu'elle renferme et la manière habile dont elle est rédigée, et qui mérite, à juste titre, d'être encouragée par les souscriptions et les écrits des médecins franco-canadiens.

J'ai l'honneur d'être,

Messieurs,

Votre humble et obéissant serviteur,

J. G. BIBAUD, M. D.

CAS REMARQUABLE D'ADHÉSION DU PLACENTA.

Le jeudi, 15 février, dernier, à quatre heures du matin, je fus appelé auprès de la femme de J. L., pour un accouchement. C'est une femme agée de 36 ans, d'un fort tempérament et bien conformée, qui accoucha de son premier enfant à 34, après un travail long et pénible où il fallut employer les forceps.

Lorsque je la vis, cette dernière fois, l'accouchement s'offrait avec les circonstances suivantes: la malade avait ressenti, la veille, les premières douleurs; la poche des eaux s'était rompue le même jour et le fluide s'était écoulé en partie. En examinant, *per vaginam*, je trouvai l'orifice utérin de l'étendue d'une piastre d'Espagne. Peu après, il s'effaça entièrement et la tête éprouva son mouvement de rotation pour venir se placer dans l'axe du détroit inférieur, en première position. De ce moment je m'attendais à voir l'accouchement se terminer bientôt, car les douleurs devenaient énergiques. Cependant, elles se répétèrent pendant plusieurs heures, à des intervalles rapprochés et avec la même vigueur sans que la tête fit plus que se présenter sous l'arcade pubienne. Vers les 11 heures, m'appercevant que le travail ne faisait presqu'aucun progrès et les efforts de la matrice semblant se ralentir, je proposai l'application des forceps. La malade en fut alarmée, ce qui m'engagea à demander l'opinion de mon ami le Dr. R. Ce monsieur, après l'examen, jugea convenable de retarder quelque tems. Je me rendis à son avis, et afin de donner à cette femme toutes les chances d'enfanter par les seules forces de la nature, j'attendis encore jusque vers les trois heures. Alors, voyant que les choses restaient dans le même état, je terminai l'accouchement par les fers; ce qui fut fait dans une dizaine de minutes.

Après la sortie de l'enfant, la matrice ne se contracta pas et le placenta demeura implanté à son fond. Comme il n'y avait pas de tranchées, j'espérai quelque tems, après quoi je pratiquai de légères tractions sur le cordon dans l'axe du détroit inférieur: manœuvre que je répétai deux ou trois fois dans l'espace d'un heure, sans succès. Je jugai,

alors, à propos de faire la délivrance sans plus de délai. Je fis des tractions plus fortes et je parvins ainsi à décoller le placenta en partie. Il s'en suivit aussitôt une hémorrhagie alarmante qui m'obligea, tout en continuant les tractions, d'employer les moyens les plus capables de faire revenir l'utérus sur lui-même. Mais, ces moyens n'ayant eu que l'effet de diminuer un peu l'hémorrhagie, j'introduisis la main au fond de cet organe, et à mon grand étonnement, je rencontrai une adhérence extrême du placenta dans presque toute son étendue. La difficulté que je devais rencontrer à en faire le décollement et les conséquences fâcheuses que je savais en pouvoir résulter, ne me permirent pas d'en prendre sur moi toute la responsabilité. Je rappelai donc le Dr. R. Après s'être assuré par lui-même de l'étendue de l'adhérence morbide, il me dit n'en avoir pas rencontré de semblable dans toute sa pratique, quoique très étendue dans cette branche. Il fallut extraire une grande partie de la masse placentaire par petits morçeaux, offrant à leur surface utérine une couche fibrineuse dense.

Cette femme me dit avoir ressenti de la douleur, dans les derniers mois de sa grossesse, à l'endroit correspondant à l'implantation du placenta; ce qui donne à supposer qu'il y à eu une action inflammatoire à cet endroit de la matrice.

Pour se rendre compte de l'empêchement à la sortie de l'enfant, il faut remarquer qu'outre l'adhérence du placenta, le cordon était entortillé autour de son col; incident qui me persuada que j'avais pris le parti le plus sûr en accélérant l'accouchement. L'enfant vint au monde asphyxié par congestion de sang au cerveau, ce qui s'explique par la circonstance ci-dessus, et par son séjour prolongé dans le bassin de la mère. Après avoir laissé couler une couple de gros de sang par le cordon, il sembla se ranimer; mais, il était si foible qu'il expira peu après.

Il s'est rencontré des cas de rétention du placenta où son décollement a été impossible. Et même, il est des accoucheurs qui se mettent peu en peine de l'extraire, si la nature ne s'y prête. Quant à moi, je ne puis regarder cette pratique que comme dangereuse, à moins, cependant qu'on n'ait été appelé fort tard, lorsqu'il y à déjà inflammation ou beaucoup d'irritation de la matrice. Car quoiqu'il soit arrivé, qu'une portion assez considérable du placenta et même tout cet organe ait été retenu, sans qu'il en soit résulté d'accidens, cependant, est-il vrai de dire, que, le plus souvent le contraire à lieu. Il est évident, que tant qu'une partie de l'organe temporaire demeure adhérente à la matrice elle ne peut se contracter efficacement, et ainsi il est toujours à craindre que l'hémorrhagie ne se déclare et n'enlève la malade avant que le médecin ait pu venir à son secours. Il me semble, en outre, qu'il est moin facile de prévenir l'absorption des matiéres putrides qui stagnent dans l'utérus que l'inflammation de cet organe, qui peut être la consé-

quence de l'irritation que nécessite le décollement. C'est cette dernière forme de fièvre puerpérale que j'eus à craindre dans le cas que je viens de rapporter. Mais par un régime antiphlogistique rigoureux, j'eus la satisfaction de la prévenir.

TO THE EDITORS OF THE MONTREAL MEDICAL GAZETTE.

Herewith I send you a report of the "Leprous Disease" prevailing in the neighbouring Province, drawn up by my friend Dr. Skene, Assistant Surgeon of the 52d; and you are at liberty to make use of it for your periodical, if you think fit.

Respectfully yours,

J. SPENCE.

Kingston, May 21, 1844.

FREDERICTON, N. B., *25th April*, 1844.

To Sir JAMES M'GRIGOR, *Bart., Director General of the Army Medical Department.*

SIR,—Having been appointed by the Lieutenant Governor of New Brunswick, one of a Commission, consisting of Doctor Toldervy, of Fredericton, Doctor Key, of Chatham, Doctor Gordon, of Bathurst, and the Reverend Mr. Lafrance, P. P. of Tracadie, to investigate the condition of Tracadie and the adjoining districts, with reference to a malignant Disease reported to prevail therein, I have to state, that having, in terms of the above mentioned Commission, proceeded to the districts in question, the Disease alluded to proved to be the "Tubercular Leprosy," or "The Elephantiasis of the Greeks."

On comparing the symptoms of the cases submitted to us, with those of the "*Lepra Tuberculosa*," in Bateman, Simpson, Copland and others, I satisfied myself that this Disease was THE (Tubercular) Leprosy, and that their descriptions of it left little to be desired.

Deeming myself particularly fortunate in having thus had an opportunity of personally observing a Disease so rare and so little known to British Authors, and one which presents numerous points of enquiry to the philosophic mind, I have thought it best to confine my remarks: *First*—To the proof that the cases observed were really the Lepra Tuberculosa of Authors: *Second*—To the particular points still at issue in regard to the history of this remarkable malady.

In regard to the first point, I shall quote the definition (of this Disease) of Doctor Copland, Page 701, of his valuable Medical Dictionary—

"*Defin*:—Dusky red or livid tubercles of various sizes on the face,

" ears and extremities ; thickened or rugous state of the skin, diminu-
" tion of its sensibility, and falling off of the hair, excepting that of the
" scalp ; hoarse, nasal or lost voice ; ozœna ; ulcerations of the surface,
" and extreme fœtor."

This definition will I think be amply borne out by the following cases selected from *nineteen* which came under my own observation :—

1. * Frances Savoy, Ætat. forty six, a married woman, with a family of six children. When I saw this patient on the 28th of March last, she presented the following appearance.—The surface of the skin seemed as if smeared over with oil ; the whole of the face was studded with turbercles, varying in size from that of a pepper corn to that of a large bean, the larger ones about the lower part of the face, where they became confluent, and caused much enlargement of the lips, and the cheeks to be pendulous. This enlarged mass, particularly under the chin, is divided by numerous rugæ, more especially by a transverse one larger than the others, giving or causing the appearance of what is commonly called " *double chin*," in a very decided manner ; Nose very much enlarged, also pendulous, with ulcerations commencing at the lower part ; Mucous membrane excessively thickened ; Eyebrows devoid of hair, and that of the cilia entirely disappeared ; voice husky, (hoarse) and nasal ; the whole of the inside of the mouth and fauces studded with tubercles of various sizes, confluent about the velum and uvula, breath intolerably fœtid ; many tubercles of various sizes were seen on the upper and lower extremities ; respiration short, and she coughs a good deal ; pulse eighty and rather small ; sleeps well and eats well ; Disease first made its appearance four and a half years ago ; suffers little or no pain. Her husband is in perfect health, and sleeps with her every night, but one of her sons, a boy eight years of age, is affected with same Disease.

2. † Tranquil Robicheaux, a boy aged fifteen. The patient presented the following appearance on the 29th of March, 1844 :—The whole of the face much swelled, and presents a shining glossy appearance, as if smeared over with oil ; studded with tubercles, very large about the lower part of the cheeks and chin ; tip of the Nose pendulous and abraded, with a livid *shining* tubercle ; Lips *enormously* enlarged, and full of small tubercles on the inner sides, which have the appearance of small cicatrices on their summits ; Tongue much thickened and protruding between the Lips, full of tubercles, with numerous fissures crossing each other in different directions ; Palate, and whole of the fauces thickly covered with tubercles, small and confluent ; Voice a mere whisper, and when raised by extraordinary

* One of the Neguac cases.
† One of the Tracadie cases.

exertion, not like that of a human being; uvula and tonsils extensively tubercular, in fact one mass of disease extending down into the pharynx; constant cough; Breath very offensive; Hair from Eyebrows and cilia entirely disappeared; extensive ulcerations on the calf of the left leg, and also on the right instep, with incipient ulceration about the roots of the nails; large oblong tumour in either groin, presenting somewhat the appearance of Femoral Hernia; four large but superficial ulcers on the left thigh, with thickened and indurated edges; Trunk of the body free from tubercles; sensibility of all the diseased parts very much impaired, if indeed not entirely destroyed, inasmuch as I pinched them as hard as I possibly could, without inducing pain; sleeps indifferently; appetite good, and digestive organs apparently unimpaired; Disease commenced six years ago; his uncle died of the disease about a month ago in, I am told, a shocking state.

3. ‡ Peter Savoy, Ætat. 33, married, wife and four children, all of whom apparently healthy, presented the following appearance on the 2nd of April, 1844:—Countenance of a dirty livid complexion, mottled and shining as if smeared over with oil: tubercles of various sizes studded over the forehead, smaller on the upper part of right cheek; Nose much swollen, with an enlarged state of the left *ala* more particularly, which is of a livid colour, and possessing a very glossy surface; upper Lip full of tubercles, which are superficial, and give the mouth a corrugated appearance; Eyebrows much enlarged and overhanging, devoid of hair, that of the cilia almost wanting; Conjunctiva slightly injected; Skin of Eyelids, and that covering malar bones of a yellowish, *coppery* or tawny colour; a large tubercle arising from the septum, filling up the left nostril; Mucous membrane much thickened; Palate of a darkish yellow, and in some places of a livid colour; Breath extremely fœtid; Voice hoarse and husky; Ears tubercular and pendulous; Chest and Arms covered with livid blotches; tubercles thickly studded over the outer and posterior surfaces of his forearms, one or two on the right have suppurated, and are now covered with dark scabs with white scaly edges; Hands dry and shrivelled, with skin on the palms horny and cracked; Nails tolerably healthy; Lower extremities (thighs and legs) covered with same livid blotches as those described on the Arms; state of the Feet same as that of the hands. He states that seven or eight years ago he fell out of health, and became affected with apathy, debility and drowsiness, and slight irritation occasionally in the skin; these symptoms continued for two or three years, and blotches shewed themselves on the face, chest and extremities, of a

‡ Was seen in the Tracadie district on the 2d of April, 1844.

darkish yellow (tawny) colour, which in the course of some months became of a *dusky red and livid colour.* These were followed, in the course of nearly twelve months, by the appearance of tubercles, (or lumps as he described them); the first developed itself over the left eye, and have extended since, as has been described.

4. Alexander Stewart, Ætat. forty-nine, single, presented the following appearances on the 3d of April, 1844:—Complexion dirty and unhealthy, and the surface of the skin seems as if smeared over with oil; Face mottled, studded with flattened tubercles, none very superficial; whole of the integuments thickened with uneven surface; Eyebrows full and drooping, perfectly devoid of hair; that also of the cilia almost gone; Lips thickened and full, and their inside covered with small tubercles with white summits. The whole of the Throat and Palate covered with tubercles with superficial ulceration, and extending down the pharynx as far as can be seen; two or three tubercles on the back part of the Tongue, which is much thickened; Breath very fœtid; —Voice a mere whisper, with laborious breathing; occasional cough, with a bloody mucous expectoration. His beard is so thin that he can go three weeks without shaving, and suffer no inconvenience therefrom; the whole surface is covered with a dark reddish eruption, more particularly on the upper part of the chest and extremities, [here the peculiar oily appearance is well marked;] Skin of Hands much shrivelled and cracked; Toes swollen, colour livid and glossy; Nails furfuraceous and almost gone; several detached tubercles on the instep and back part of Legs; great want of muscular power; the sensibility of the surface is very materially diminished, pinching the integuments of the face and extremities, causing little or no pain; to use his own expression, "my flesh seems as if it were dead." Appetite good, but passes very restless nights, and is altogether in a very debilitated condition. He states, that about eight years ago a rash appeared on his body, which was considered by his friends to be the Itch; this rash was confined to the extremeties. In the course of some four months, it in a degree disappeared, and was followed by swelling of the whole of the integuments, and some of the glands in his neck became enlarged, and numerous tubercles (or lumps, as he called them,) presented themselves upon his face, and have since gradually spread.

I trust that the foregoing extracts from our "case book" will satisfy you that the Disease which we saw is identical with the Tubercular Leprosy which prevailed throughout Europe during the middle ages, and which has more recently been seen in Iceland, the Farroe Islands, Shetland, Madeira, Holstein, the Crimea, Africa, Ceylon, (vide Staff

Surgeon Kemmis, paper Ed. Med. and Surg. Journal, No. 52,) and the East and West Indies.

The new locality for this Disease forms a part of the Province of New Brunswick. It is chiefly confined to the east side of the land lying between the Bay of Chaleur and the estuary of the Miramichi River, and more particularly to the Settlements on the Neguac and Tracadie Rivers.

We could not draw any *positive* conclusion as to the original appearance of the disease in this quarter; but from the statements submitted to us by some of the oldest settlers, we learn that the first case occurred about the year 1817, in the person of a woman named Ursule Landré, one of a family of nineteen children. The father of this family is supposed to have been an Acadian, and married a woman of Caraquet, of the name of Mary Bredeau. This Ursule Landré, one of his daughters, married a man of Tracadie, of the name of Joseph Benoit, about the year 1798 or 1799. Ursule and her husband came to reside in Tracadie immediately after their marriage, and had five children, three daughters, and two sons. She is known to have been a perfectly healthy woman until after the birth of her youngest child, which took place in 1809. She continued in delicate health for six or eight years, and it was observed about this period that *spots* or *blotches* developed themselves on the face, extending over the upper part of the trunk and extremities. After a lapse of time distinct lumps (as they described them) appeared on the face and on the inside of the lips and in the throat. She lost the hair of her eyebrows and eyelashes; Voice became hoarse and husky; and, in short, she appears to have exhibited all the characteristic symptoms of the disease, and died in 1829. Joseph Benoit, her husband, took the disease three or four years before her death, and sank under it in 1831. From these cases, the disease would appear to have gradually extended itself, and although ten or eleven years ago only two cases existed, we found, independent of seven deaths* which have occurred, thirteen confirmed cases and three highly suspicious ones, in Tracadie; four confirmed cases in Neguac, and one confirmed case in Tabisintac; and one (Alexander Stewart) eighteen miles up the North West Branch of the Miramichi River; making in all nineteen.

(To be continued.)

* These deaths are exclusive of five others, who are known to have contracted the disease in Tracadie, but died elsewhere. Doctor Key saw these cases, and most positively asserts that they died of this disease.

THE MONTREAL MEDICAL GAZETTE.

Omnes artes, quæ ad humanitatem pertinent, habent quoddam commune vinculum, et quasi cognatione quadam inter se continentur.—*Cicero.*

MONTREAL, JUNE 1, 1844.

The ceremony of conferring the degree of Doctor in Medicine and Surgery took place on Saturday last, 25th May, at M'Gill College, on which occasion seven gentlemen received the "summos honores."

We are personally acquainted with several of these gentlemen, and we feel that we are not going too far in predicting that they will prove as successful Practitioners as their examinations have testified to their having been zealous and attentive Students. The day must have been a proud one to the Candidates, and no less gratifying to the Professor and Lecturers of the Faculty, whose lessons and instructions they have been following.

The order of the ceremony was simple enough. The Chair having been taken by the Principal, the Vice Principal and Members of the Convocation being seated on either hand, the Candidates were introduced; and, after repeating with the Registrar a pledge that they would practise their profession, cautè, castè, probèque, and that they would not, without "gravi causa," do aught to injure their alma mater, "hunc collegium," their names were duly registered on the books of the University. They were now presented to the Principal, by whom they were "capped"—that is, endued with the power of practising medicine and all the branches appertaining thereto. This was the most interesting part of the proceeding: the Candidates were all in the attitude of prayer—kneeling before the Principal—and as the name of the Blessed Trinity was pronounced, each bowed his head, in token of humility and of thankfulness.

The M. D.s were then congratulated by the Caput and Members of the College, and took their seats on the platform.

A continuation of the day's proceedings, yet more impressive, was to be enacted—the granting of the degree of Divinity on the Rev. D. Falloon, Minister of the Free Chapel, Griffintown, and of the degree of Doctor in Civil Law on the Honourable Chief Justice Vallières

de St. Real and William Badgley, Esq. Each Candidate was presented to the Principal by a sponsor, who read the petition of the party, detailing, at the same time, his qualifications for the honour. The latter of these gentlemen, we believe, has accepted the Chair of Lecturer of Civil Law in the University.

The language used throughout was that of Rome; but we regret that by far the greater part was perfectly inaudible; a word here and there was all that could be made out,—even the Principal, with his usually sonorous voice, was with difficulty heard where we stood.

Great disappointment was felt because of there not having been an address spoken, either by the Principal or the Professor of Practice of Medicine. On previous occasions, we have heard that which well repaid the trouble of having gone to hear, and we, with many others, missed that which was wont to be considered an essential part of the day's ceremony.

The following are the names of the gentlemen who received their diplomas, together with the subjects of their theses. We wish them all joy and every success:—

W. E. Scott, of Montreal, on *Peripneumonia.*

W. H. Wagner, Osnabruc, C.W., *Hæmoptysis.*

Alexander Long, Montreal, *Oblique Inguinal Hernia.*

P. Proulx, Boucherville, *Rubeola.*

R. Holden, of Belleville, C.W., *Pneumonia.*

E. H. Trudel, Montreal, *Hydrophobia.*

R. Godfrey, Montreal, *Blood-letting.*

The first two numbers of a new periodical, holding a position intermediate between the daily and other journals and our own,—have made their appearance. The *Gazetteer* occupies a middle place between these two classes, both as to matter and periods of publication—embracing medical, legal, literary and commercial subjects, and being issued twice a month.

We offer the Editors our congratulations, and hope they will receive every encouragement from the classes to whom they have appealed.

We beg to assure them that the reports of which the leader of the second number complains have not reached us, and that we therefore, could not have formed an "erroneous opinion" on the subject. Were

these reports correct we would not have felt anything like anxiety ; on the contrary, great satisfaction would have been experienced : we would now prefer, as far as we ourselves are concerned, that there did exist a connexion such as that spoken of in the Gazetteer.

We again offer our good wishes to the Gazetteer, and feel the truth of the words " irrupta tenet copula" and " nil humani a nobis alienum putamus."

We have received the following communication, in relation to the proceedings on Saturday last, at M'Gill College, and we gladly give it insertion. Our own version had been handed to our publishers previously to our reception of the subjoined. Had it been otherwise, we would have withdrawn it.

M'GILL COLLEGE.

On Saturday, 25th of May, the ceremony of graduating the successful Candidates for the degree of Doctor of Medicine and Surgery, was performed. On that day, seven gentlemen, who had completed the curriculum of study required by the statutes, and who had undergone the various trials appointed, were admitted to the Doctorate. Of these, three had already graduated in the United States.

The names of the Graduates are :—

Rufus Holden, of Belleville, C.W., (M.D. of Pennsylvania College,) Thesis, *Pneumonia.*

William H. Wagner, of Osnabruck, C.W., (M.D. of Jefferson College, Philadelphia,) *Hæmoptysis.*

Phileas Proulx, of Boucherville, C.E., (M.D. of Albany College,) *Rubeola.*

Alexander Long, (Licentiate of the Royal College of Surgeons of Glasgow,) *Oblique Inguinal Hernia.*

William E. Scott, (Provincial Licentiate,) *Peripneumonia.*

Robert Godfrey, (Provincial Licentiate,) *Blood-letting.*

Eugene Hercule Trudel, of Batiscan, C.E., *Hydrophobia.*

This is *the same number that graduated last year.*

Since the revival of the Medical Lectures in 1837, there has been a regular progression in the number of pupils attending this school, and the " matriculations" of the last session exceed those of any preceding one; fifty-three students having enrolled their names in the " Matricula" of the Medical Department. The fees of " Matriculation," as well as those of " Graduation," are devoted to a fund exclusively appropriated to the purposes of the Library of the Medical Fa-

culty, which is open to the Students without any charge. Ninety-nine volumes, of which nineteen are French, have been added since May last, and the total number now on the shelves is about 760, among which are most of the latest and best works, on the various departments of Medical Science.

During the last session, an important addition has been made to the Medical Department of the University, viz.: a Lying-in Hospital, in which Students who have attended one course of Midwifery, have an opportunity of becoming practically acquainted with that necessary branch of the profession. The number of patients admitted since it was first opened, in November last, is 28; and it has been heretofore supported by the Lecturers themselves, aided only by the donations of a few of their friends. It is hoped, also, that it may be useful in training Midwives for the proper exercise of their profession.

AUX EDITEURS DU JOURNAL MEDICALE.

Lorsque j'adressai, à la clôture de nos cours, à la nouvelle école médicale, un discours à nos professeurs, mon intention n'était pas de le publier, mais à la grande solicitation de plusieurs de mes amis, j'ose vous demander humblement un petit espace dans vos colonnes pour l'y insérer.

Messieurs,—Nous croirions manquer au devoir le plus sacré, si nous laissions finir nos cours sans élever la voix pour vous témoigner notre reconnaissance.

Chacun de nous aurait désiré avoir l'honneur de vous adresser, à sa manière son petit compliment, mais nous avons pensé que cela pourrait vous être fastidieux et nous sommes convenus qu'il n'y en aurait qu'un seul qui élèverait la voix et serait l'organe de tous les autres. L'heureux hazard à voulu que ce fût moi, il est peut-être tombé sur celui qui est le moins capable, du côté des *talents*, de se bien acquitter de ce devoir, mais, messieurs, quand on à traiter un sujet de cette nature, les expressions viennent comme d'elle-mêmes. Aussi, bienfaisants professeurs, je suis persuadé que ce ne sont pas tant les expressions recherchées que vous prisez que les sentiments d'un cœur reconnaissant qui met en œuvre, en cette circonstance agréable, les foibles talents qu'il à reçu de la *nature*.

Messieurs, votre dévoûement et le zèle infatigable dont vous avez fait preuve depuis le commencement de nos cours, vos veilles, vos travaux continuels et votre assiduité à nous inculquer les différentes branches tant de la médecine que de celles qui y ont rapport, votre grande attention à nous aplanir les difficultés sans nombre qu'on ne cesse de rencontrer dans la pénible *carrière* que nous avons embrassée, les obli-

gations que nous vous avons pour nous avoir introduits dans cette belle carrière ; vos grands et généreux efforts à nous y introduire comme par la main et à nous y faire avancer le plus rapidement possible, toutes ces considérations, messieurs, exigeraient, de notre part, des présents plus précieux que l'or et l'argent ; mais, messieurs, il me semble de lire sur vos nobles figures que de tels présents ne sont d'aucune valeur aux yeux d'hommes généreux et dévoués comme vous ; non, certainement, non ; plus d'une fois vous nous avez donné des preuves de votre désintéressement ; ce sont, au contraire, les sentiments d'un cœur reconnaissant que vous prisez. Eh bien ! messieurs, puisque ces présents vous paraissent si agréables, nous vous prions de les recevoir et de croire qu'ils viennent du fond de nos cœurs. Recevez, illustres professeurs, le tribut de reconnaissance et de gratitude que nous vous devons pour tous les bienfaits que nous avons reçus de vous. Tout notre regrèt, aujourd'hui, messieurs, est de n'avoir peut-être pas correspondu à vos efforts à nous instruire et d'avoir été, peut-être, comme l'homme ignorant et grossier qui ne sait pas distinguer la pierre précieuse du grain de sable qu'il foule aux pieds ; mais, je suis persuadé d'avance que vos cœurs sont aussi disposés à nous pardonner que l'est celui d'un bon père envers ses enfans.

C'en est assez, messieurs, nous laisserons parler nos cœurs ; leur langage est plus énergique que la bouche la plus éloquente. Je me contenterai seulement d'adresser, avec votre permission, quelques mots à ceux qui ont partagé avec moi vos bienfaits.

O ! *mes compagnons, mes amis, mes frères,* n'oublions jamais la sollicitude et la bienveillance de nos *bienfaiteurs,* et lorsque plus tard, nous serons appelés auprès de quelques *patiens,* si avec le secours de l'art, nous réussissons à les rendre à la vie et à la santé, gardons-nous bien de nous en attribuer tout le mérite, pensons aussitôt que cette gloire nous vient de nos *illustres professeurs,* qui sauront bien eux-mêmes la faire remonter jusqu'à celui qui donne et fait croître les *talents.*

We have been requested to state to the members of the Medico-Chirurgical Society—that the meetings will be held monthly during the summer—till the month of November, at which time they will again be every fortnight—medical men residing in the country are invited not only to visit, but to take *part in the proceedings of, the Society.*

There was a meeting of the District Medical Board of Examiners on the 7th May—being their quarterly day of assembly—at which the following five gentlemen, having passed creditable examinations re-

ceived certificates for licences to practise the several branches of the profession—

Francis Robineau of St. Thérèse de Blainville ; Hyacinthe Beauchemin of Nicolet ; Louis Laurier of Mascouche ; ——— De Rosier of Ste. Hugue and Augustus Régnier of Montreal.

We have in this number, taken from the Medico-Chirurgical Transactions of London, a case of Sir Benjamin Brodie's—whose authority and language supply us with an apology for inserting it as it appears.

The history of four cases of poisoning, produced by the Cicuta Virosa, appears in our number of this month, and will be found interesting in a pathological point of view, as demonstrating the fact of the enormous quantities of emetics which may be administered without producing their specific effects, when the system is thus narcotized. The stomach was not the only organ rendered insusceptible of stimulation: in the instances recorded, the pupils were obliterated—the irides scarcely visible and immovable. The violent remedies passed through the nostrils, and those subsequently applied to the tongue and fauces of the boy who recovered, produced not the slightest local irritation : on the fourth day he was in every respect well.

ERRATUM.

In Dr. Crawford's paper on Medical Statistics, in our last number, page 39, second line from the bottom, for " out of every 100 troops," read, " out of every 1000 troops," &c.

TO CORRESPONDENTS.

Dr. Wight's case was received too late for this month's impression ; it shall appear in our next number.

Z. is again unavoidably postponed; we hope that he will not be displeased.

Dr. Dubé's wish has been attended to.

The continuation of Dr. Crawford's article in our next.

Dr. C. Carter's remarks will be concluded in the July No.

Dr. Cartier's instructions will be seen to.

MEDICO-CHIRURGICAL SOCIETY'S ROOMS.

30th March, 1844.

Dr. Fisher, in the Chair.

[We publish this case in the Doctor's own words—long though it be—because we find that any abridgment would materially affect the description and animus of the history.]

Dr. Fisher related the following case :—

I was requested to visit the subject of this case, during the summer of 1842. I found her emaciated to the lowest degree. She showed considerable curvature of the spine, and there was a constant discharge of a thin greenish pus from an opening near the lower margin of the left side of the thorax. This opening, I was soon satisfied, communicated with the cavity of the chest. Little could be done in the way of treatment; the administration of tonics, with due regard to the state of the bowels, constituted the chief of my therapeutic means. There was little or no cough. For some weeks, I daily expected to hear of her death. Things continued in this state for two or three months, when her mother directed my attention to a considerable tumour, yielding a distinct fluctuation just above the crest of the ilium, and close to the spine of the left side. I opened the abscess by a pretty free puncture, at my next visit, and obtained half a slop basinful of matter, similar to that issuing from the opening in the thorax. For some time, both openings continued to discharge, and she became gradually weaker. I entertained no hopes of her life; at length, however, the discharge diminished very much; she gradually regained her strength, and, to all appearance, recovered entirely. The last time I saw her, on account of that illness, was in the spring of 1843, when she had walked from Salaberry street, in the Quebec Suburbs, to my house; she was then in good condition,—indeed she was fat. About six weeks ago, her father called upon me, and requested that I would see her again. I then heard that she had been ill a week, with her old complaint. She had much fever, was exceedingly weak, coughed considerably, and expectorated a white mucus. On examining the chest, I discovered a slight puffiness a little below the left clavicle. Percussion yielded a dull sound over a great part of the left half of the thorax, and the metallic tinkling was distinct, accompanying cough and speech. The part below was not affected; she felt no pain or other peculiar sensation in the part. I prescribed a blister to the chest, and calomel and opium internally. At my next visit, I found that the puffiness had disappeared, but in other respects she was worse. The dull sound on percussion extended over the whole of the affected side;

the metallic tinkling had disappeared. She fluctuated for a week, at the end of which time she died. During the last day or two before death, she had slight intervals of delirium; she had also a great deal of vomiting of a dark brown watery matter, and little or nothing could be retained on her stomach; she also passed, at intervals, large quantities of the same matter by the bowels: this was, however, darker coloured, and yielded a sediment resembling coagulated blood. During the whole of her illness, she had little or no dyspnœa; the pulse was uniformly small, although it varied in rapidity.

On post mortem examination, the body was found much emaciated; the curvature of the spine was distinct, but not so great as it had appeared during life. On removing the integuments from the costal cartilages, pus unexpectedly escaped, and an opening through the intercostal muscles, pleuræ, &c., into the chest was discovered; continuing to remove the integuments, pus again gushed out from a similar opening lower down. On removing the sternum and cartilages, upwards of three pint basinsful of pus were evacuated. This had completely filled the left cavity of the pleura, and had compressed all the air out of the left lung, which was found pressed almost as thin as a membrane, against the vertebræ and pericardium. The pleura was generally found thickened; its surface rough; in fact, ulcerated and covered with pus considerably thicker than that which ran out. After the removal of the pus, the cavity of the chest was found to communicate with an abscess extending along the left crus of the diaphragm and psoas muscle down to the crest of the ilium. The communication was established by means of an opening through the diaphragm, nearly the size of a dollar. The roots of the lumbar nerves were beautifully dissected. The right lung was perfectly healthy. On raising the left lobe of the liver, an adhesion between it and the duodenum was ruptured, and an ulceration of the latter exposed, through which the contents of the bowel escaped; an oval ulceration of the corresponding surface of the liver, which just fitted the pulp of the finger, was discovered. A similar adhesion had taken place between the duodenum and pancreas, but of much greater extent, the perforation of the intestines being at least two inches in diameter. The intestines were generally very much contracted, but seemed otherwise healthy. The liver was double its normal size, and rather friable. The pericardium was found adherent to the heart, throughout its whole extent.

Dr. Fisher exhibited morbid preparations of this interesting case.

AN ACCOUNT OF A CASE IN WHICH A FOREIGN BODY WAS LODGED IN THE RIGHT BRONCHUS.

By Sir Benjamin C. Brodie, Bart., F. R. S., Sergeant-Surgeon to the Queen, etc., etc.

READ JUNE 27TH, 1843.

I am induced to communicate the following history to the Royal Medical and Chirurgical Society, believing that it embraces some points of considerable practical importance, which may be deemed not unworthy of their attention.

On the 3rd of April 1843, Mr. B. being engaged immediately after dinner in amusing some children, placed a half-sovereign in his mouth. By some accident it slipped behind the tongue, and a violent fit of coughing, in which he had the appearance of being nearly choked, was the consequence. This was immediately followed by vomiting, the contents of the stomach being ejected with considerable force. He strained two or three times afterwards, but did not again vomit. In the course of the evening he coughed at intervals: but the cough was not violent. A sense of soreness and stiffness of the throat remained for the first twenty-four hours. He experienced little or no inconvenience during the two following days. He was not observed to cough, and he employed himself as usual, being able to entertain some friends at dinner.

On the 6th of April, he was again troubled with a cough. On the 7th he went on a journey into the country, and was more or less exposed to a cold north-east wind for two days and nights. The cough now became aggravated. He expectorated some mucus slightly tinged with blood, and small portions of a substance answering to the description of a thin membrane. He experienced, also, a pain in the right side of the chest, referred to a spot corresponding to the situation of the lower portion of the right bronchus.

On the evening of the 9th of April, he took two aperient pills, one of which was ejected by vomiting some time afterwards. In the act of vomiting, he experienced a sensation as if a loose substance had shifted its place in the chest; and for some time afterwards the cough was much relieved, and the pain in the chest entirely ceased.

On the 11th of April, the cough was again troublesome. There was little or no expectoration. At this time the chest was repeatedly examined, with the stethoscope by Dr. Seth Thomson, but no unusual sounds were detected in any part of it.

On Monday the 17th of April, Mr. B. again went into the country, exposed to a cold easterly wind. On his return to London, the cough was again much aggravated.

On the 18th of April, by the advice of Dr. Seth Thompson, he consulted Dr. Chambers, and afterwards myself. From the detail of the symptoms, we were all of us led to believe that the half-sovereign had passed into the trachea, and that it remained lodged in the right bronchus.

On the 19th, this opinion seemed to be confirmed by a very simple experiment, which Mr. B. had himself made in the interval. He had placed himself in the prone position, with his sternum resting on a chair, and his head and neck inclined downwards, and, having done so, immediately had a distinct perception of a loose body slipping forward along the trachea. A violent convulsive cough ensued. On resuming the erect posture, he again had the sensation of a loose body moving in the trachea, but in the opposite direction, that is, towards the chest.

On the 20th, I saw the patient again, with Dr. Thompson. I now suggested that a further consultation should be held on the case; and, accordingly, on the following day there was a meeting of Dr. Chambers, Dr. Seth Thompson, Mr. Stanley, Mr. Aston Key, and myself. The chest was again carefully examined by means of the stethoscope, but no difference in the state of the respiration could be detected. The other indications of the existence of a foreign body in the air passages, however, seemed to be so strong, that no one entertained any doubt on the subject. At this meeting it was agreed that the experiment, which Mr. B. had himself made, should be repeated in a more complete manner. Accordingly, on the 25th of April, he was placed in the prone position, on a platform made to be moveable on a hinge in the centre, so that on one end of it being elevated, the other was equally depressed. The shoulders and body having been fixed by means of a broad strap, the head was lowered until the platform was brought to an angle of about 80 degrees with the horizon. At first no cough ensued; but on the back, opposite the right bronchus, having been struck with the hand, Mr. B. began to cough violently. The half-sovereign, however, did not make its appearance. This process was twice repeated, with no better result; and, on the last occasion, the cough was so distressing, and the appearance of choking was so alarming, that it became evident that it would be imprudent to proceed further with this experiment, unless some precaution were used to render it more safe.

On the 27th of April, in a consultation of Dr. Seth Thompson, Mr. Aston Key, and myself, it was agreed that an artificial opening should be made in the trachea, between the thyroid gland and the sternum. In proposing this, we had a two-fold object; the one, that if the coin were lodged in any part from which it might be safely extracted by the forceps, this method might be had recourse to; and the other, that, if relief

could be obtained in this manner, the artificial opening might answer the purpose of a safety-valve, and enable us to repeat the experiment of inverting the body on the moveable platform, without the risk of causing suffocation. The operation was immediately performed by myself, with the assistance of Mr. Aston Key and Mr. Charles Hawkins; and on it being completed, some attempts were made, both by Mr. Key and by myself, to reach the coin with the forceps introduced through the opening. The contact of the instrument with the internal surface of the trachea, however, induced on any occasion the most violent convulsive coughing. The coin was not seized, nor even felt; and our apprehensions of producing some serious mischief were such that we did not deem it prudent, at that time, to persevere in our endeavours to remove it.

On the 2nd of May, we again made some trials with the forceps, but always with the same result. A violent convulsive action of the diaphragm and abdominal muscles ensued, on each introduction of the instrument; and the danger of groping in the bronchus, under such circumstances, surrounded as it is by the most remarkable assemblage of vital organs in the whole body, appeared to us to be so great, that we did not think ourselves justified in proceeding further. We were the more inclined to abandon the experiment with the forceps, as we had a strong expectation that a recurrence to the first experiment, now that the safety-valve was established, would prove successful.

On the 3rd of May, a consultation was held with Mr. Lawrence and Mr. Stanley. They entirely concurred in the views of Mr. Aston Key and myself, and it was agreed that nothing more should be attempted until Mr. B. had sufficiently recovered from the effects of what had been already done to admit of his being again inverted on the moveable platform.

A probe, or director, was occasionally introduced into the wound of the trachea, with a view to keep it in an open state; and, on the 13th of May, the patient having been placed on the platform, and brought into the same position as formerly, the back was struck with the hand; two or three efforts to cough followed, and presently he felt the coin quit the bronchus, striking almost immediately afterwards against the incisor teeth of the upper jaw, and then dropping out of the mouth; a small quantity of blood, drawn into the trachea from the granulations of the external wound, being ejected at the same time. No spasm took place in the muscles of the glottis, nor was there any of that inconvenience and distress which had caused no small degree of alarm on the former occasion.

It is unnecessary to describe the progress of the case afterwards. On the 20th of May, Mr. B. had sufficiently recovered to be able to go

for change of air into the country, and when I saw him, about a fortnight afterwards, the wound of the neck was nearly healed.—*Medico-Chirurgical Transactions, vol. xxvi.*

ON THE EMPLOYMENT OF COCHINEAL IN THE TREATMENT OF HOOPING COUGH.

Dr. Cajetan Wachtl, of Vienna, treated nine children, suffering from hooping-cough, with cochineal, as recommended by certain English physicians. The remedy was administered in all stages of the disease; and its efficacy was so instantaneous and constant that, notwithstanding the paucity of cases, Dr. Wachtl feels authorized to regard cochineal as a specific in hooping-cough. The following is his manner of exhibiting the remedy:—Take of cochineal, one scruple; sugar, one ounce.—Dissolve in six ounces of warm water. The dose is three tea-spoons-full in the twenty-four hours.

The solution ought not to be kept longer than thirty-six or forty-eight hours, because after that time it assumes a brown hue, and a sour taste, which renders it unfit for use.—*Pharmaceutical Journal.—London Medical Gazette, January* 26, 1844.

OPIUM IN HERNIA.

To the Editor of the Medical Gazette.

Sir,—The following is a case showing the good effects of opium in strangulated hernia.

I was sent for, at 10 P M. on the 24th inst. to visit R. H. aged 45, a stout, muscular man, suffering under strangulated scrotal hernia in the right side. He had been trying for an hour to reduce it, having done so frequently before, but now he informed me it was a great deal larger. He was vomiting, and complained on the least pressure. In consequence of the extreme tenderness, I did not persevere in the taxis, but decided on putting him under the influence of opium. I gave him two grains every fifteen minutes, until he had taken six grains, and to use hot fomentations. Shortly after the first pill the vomiting ceased; and when I visited him again at half-past 12 P.M. I found them preparing to come and stop my visit, as he had got relief. I found him, as he said, exceedingly comfortable: it was quite evident he was enjoying all the luxury of an opium eater. Upon inquiry, he told me he had not touched the swelling, but that it had gone away of its own accord.

I am, Sir,

Your obedient servant,

J. M. Walker, M. R. C. S. L,

Newcastle-on-tyne, January 1, 1844.

London Medical Gazette, January 12, 1844.

ANTIQUARIAN NOTICES OF LEPROSY AND LEPER HOSPITALS IN SCOTLAND AND ENGLAND.

This is an extremely elaborate and erudite paper, to show the former frequency and severity of this loathsome disease in these kingdoms. According to the Anglo-Saxon lexicographies of Sommer, Lye, and Bosworth, "leprosy" was heretofore known by the singular and striking term, "seo mycle adl," "the muckle or great evil" or disease. In the year 1200, there were in the counties of Northumberland, Cumberland, and Durham, a variety of hospitals, exclusively devoted to lepers. Three of these contained so many as ninety-five lepers; namely, those of Sherburne, near Durham, of Carlisle, and Bolton in Northumberland. Bloomfield, in his history of Norfolk, states that there were eighteen lazar-houses in Norfolk alone. In some of these the patients were amply provided for.

Astruc, Bach, and our own historians, Fuller and Heron, supposed that leprosy was introduced by those who returned from the Crusades, and brought it from the east. But the author of the present paper remarks that, even allowing that the disease is contagious, and that the increased national intercourse of that period may have tended to propagate it, there is ample evidence of its having existed in Europe, and even as far west as England, before the Crusades. It lingered long in Scotland after it had disappeared in England, and long in the northern islands of the former kingdom, as in Shetland, after it had left the mainland. In the Faroe islands (the land nearest the Shetland, northward), and in Iceland, it either still exists or existed at a very late period. In 1768, Peterson found 280 lepers in hospitals in Iceland. Olafsen and Henderson described the disease as existing when they visited the island in 1818. And the French expedition of 1836 brought back coloured sketches of natives affected with tubercular leprosy, which sketches are now in course of publication.—*Dr. Simpson, Prof. of Midwifery in University of Edinburgh—Edinburgh Med. and Surg. Journal, Oct.* 1, 1841.

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